

CLAIMS ONLY

Application Number

10/620/23

.. Filling Date

Applicant(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5	(	)				
6	(	)				
7		/				
8		/				
9		/				
10		/				
11	(	)				
12		/				
13	(	)				
14	(	)				
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48						
49						
50						
Total Indep	2					
Total Depend	11					
Total Claims	13					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						